

B21 (Official Form 21) (12/12)

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**United States Bankruptcy Court
Northern District of Illinois**

In re: **Karyn T Johnson**

Debtor

Case No.

Address **80 Esther St.
Crystal Lake, IL 60014**

Chapter **7**

Last four digits of Social-Security or Individual Taxpayer-
Identification (ITIN) No(s), if any: **xxx-xx-9203**
Employer's Tax Identification (EIN) No(s), if any:

**STATEMENT OF SOCIAL-SECURITY NUMBER(S)
(or other Individual Taxpayer-Identification Number(s) (ITIN(s)))**

1. Name of Debtor (Last, First, Middle): **Johnson, Karyn T**
(Check the appropriate box and, if applicable, provide the required information.)

- ☒ Debtor has a Social-Security Number and it is: **[REDACTED]**
(If more than one, state all.)
- ☐ Debtor does not have a Social-Security Number but has an Individual Taxpayer-Identification Number (ITIN), and it is: _____
(If more than one, state all.)
- ☐ Debtor does not have either a Social-Security Number or an Individual Taxpayer-Identification Number (ITIN).

2. Name of Joint Debtor (Last, First, Middle):
(Check the appropriate box and, if applicable, provide the required information.)

- ☐ Joint Debtor has a Social-Security Number and it is: _____
(If more than one, state all.)
- ☐ Joint Debtor does not have a Social-Security Number but has an Individual Taxpayer-Identification Number (ITIN) and it is: _____
(If more than one, state all.)
- ☐ Joint Debtor does not have either a Social-Security Number or an Individual Taxpayer-Identification Number (ITIN).

I declare under penalty of perjury that the foregoing is true and correct.

X **Karyn T Johnson** Date _____
Signature of Debtor

X _____ Date _____
Signature of Joint Debtor

***Joint debtors must provide information for both spouses.
Penalty for making a false statement: Fine of up to \$250,000 or up to 5 years imprisonment or both. 18 U.S.C. §§ 152 and 3571.**

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